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Mr. Marty Schreiter,
Director of Compliance,
Ontario Human Rights Commission,
12th fl - 400 University Ave.,
Toronto, Ontario.

April 18, 1989

Dear Mr. Schreiter,

I'm writing to ask your support for the idea that Mr. Anand might send a letter to Ms Caplan re: human rights concerns of people with environmental sensitivities.

It has been on the back burner for some time, as I have been unsure of which of our many concerns identified over the past quarter century should be considered most important. Principally, I have been concerned that human rights abuses by the authorities have been a bigger problem than environmental sensitivities in themselves.

For several years, and even as recently as this past fall, spokespersons in the Ministry of Health have given credence to the idea that we are merely emotionally ill. For some time, several Ministry officials made this statement themselves, then more recently passed off the notion as significant opinion in the medical community, when no-one in any responsible medical institution seems to have been making the statement.

The point of concern is not that we might be labelled as suffering from psychiatric illness. Certainly there is some stigma attached to that diagnosis, but I do not care about that, and feel some solidarity with those who must bear the brunt. What I am concerned about is something which has a greater negative effect than a mere diagnosis of psychosomatic of emotional illness: **It is the contention that we are deluded in knowing what is affecting us, that we do not know when we know something and when we do not.** This unsupported allegation has had a greater impact on our personal or professional lives than a diagnosis of mental illness.

In my personal experience, there are, of course, many people who are mentally or emotionally ill. Although there is a stigma in society, generally speaking responsible authorities do not dismiss <u>all</u> of their concerns. Professionals with psychiatric

illness may be treated in a patronizing way, but other professionals can often accept their professional contribution, and see that as separate and valid despite any other emotional problems the person might be experiencing. But when a professional is seen as not being able to distinguish between fantasy, delusion, or reality, he or she experiences a more devastating loss of credibility.

I had this disability all my life; I was diagnosed in 1980 at age 30, after winning awards for academic, musical, video production and journalism endeavors, and even a minor military award. It was only after the Ministry of Health labelled us as deluded that I experienced a loss of credibility.

In fact, in my public actions on this subject, I have been quite open to the idea that elements of my illness may be described as psychiatric in nature. I believe psychiatrists could do a great deal for psychiatric patients whose problems stem from CNS reactions, both in the area of helping identify and eliminate offending environmental agents, and also in dealing with the resulting psychological manifestations. The idea that some environmentally sensitive psychiatric patients might be rescued from bigotry has sometimes been the only thing that has kept me going.

Attitudes fostered by <u>unfounded</u> Ministerial support of the idea that we can't tell when we know something and when we don't have led to a general devastation of the personal and professional credibility of people affected. It is not the fact that we were denied health services widely available elsewhere in the world that concerns me, as much as the devastation of our credibility, integrity, and the rest of our lives.

It is as if someone in the Ministry of Citizenship were repeatedly saying that blacks "can be seen as" inferior or Jews, "it is agreed by many", are crafty. Or someone in Status of Women stating over and over again that "Many responsible authorities believe that" women belong pregnant, barefoot, and in the kitchen. Or someone in the Ministry of the Attorney General charging us with a crime on the basis of an <u>absence</u> of information. Validation of such discriminatory remarks would not be tolerated for an instant in those Ministries, yet the people charged with providing us with services were making statements which have had an equally devastating effect on our lives <u>without substantiation</u>.

Families broke up. People were denied reasonable accommodation in the workplace. Professional reputations were ruined. Some people became so demoralized at the attitudes they encountered that they committed suicide. What was particularly unfair and irresponsible in the suicides is the fact that people who were humiliated by being labelled as harboring a delusion

that their problem was related to the environment, knew they were actually suffering from depression resulting from the CNS effects of an environmental sensitivity, but couldn't bear the derogatory remarks or the frustration of not being able to deal with what would otherwise be a manageable problem on top of the physically induced depression.

This point can't be emphasized strongly enough: The concern I bring forward is that our credibility was questioned, not on the basis of information, not on the basis of an absence of information, and not even in ignorance. The statement was made despite the fact that scientific information was repeatedly presented to the Ministry of Health, to Health officials, not only by members of this disabled group, not only by one group of doctors, but by provincial commissions, neutral parties, and others, who supplied extensive bibliographies with references to such prestigious sources as the World Health Organization, which has recognized these problem since 1984, or NASA, which has understood the problems for decades.

Idiosyncratic chemical susceptibilities have been discussed seriously in medical literature for decades. A recent publication of Health and Welfare Canada ("Healthy Environments for Canadians", December 1987) has a 244 page bibliography listing articles going back to 1947. About a third of the articles relate to various toxicity and immunological reactions resulting both from individual chemicals, and from the total load of a variety of exposures. One article mentions another study in 1908.

During the late seventies the Ministry of Health started to refer to this compendium of disorders as one new illness, began debating the existence of this "new" illness, and it was then that most of us experienced problems due to the approach of the Ministry rather than the disability itself! By now this approach can only be described as deliberately unenlightened.

While provincial commissions reporting in 1985 and 1986 refer to the "compendium" of disorders, within the past year the current Health Minister talks about "both sides" of the issue. It is a logical absurdity (and an indication of the level of consideration the Minister has given the subject) to refer to "both sides" of something which is multidimensional in nature. There can not be two sides to the existence of a multitude of problems.

It would appear that the Ministry of Health is deliberately obfuscating the issues involved in an attempt to cover up the fact that previous ministry statements contributed to millions of dollars in damages and the personal tragedies as outlined above.

Many people have repeatedly asked the Ministry to deal more fairly with the issues under discussion, even before the most honorable gentleman who is now Deputy Minister of Citizenship reported to the Health Minister that "acrimonious debate" was preventing "collaborative efforts" that would assist a "growing number of patients", and that the statement "all the identified patients are emotionally ill" was "clearly untenable".

What I have found is that bullies, when you stand up to them, try to deride you as whiner, or complainer, perhaps in an effort to downplay the consequences of their own actions. When I have been unsatisfied because the Ministry has made no visible effort to stop its officials from defaming us with insupportable statements, and because two successive Ministers have done nothing to undo ongoing damages being accrued as a result of the lingering effects of past Ministry statements, I then hear back from other sources that it is me who is being called unreasonable.

Since when is it unreasonable in this province to defend the weak from the stupidity, denial, and ignorance of the strong, whose current efforts do nothing to correct our biggest problem, the discriminatory attitudes fostered by <u>their own</u> previous statements and actions?

It is not important what illness we have, nor what disability. It is not important that we daily sustain the assault of others whose use of chemicals disables us. It's not important that we are the "canaries in the coal mine", and that our health is a sign of general health in the community.

What is important is that <u>no group</u>, whether disabled, women, racial, religious, or other, should be stripped of their credibility in the community by insupportable statements, that never should the Ministry responsible join in on an unsubstantiated group assault on our reputations, nor should it lend any credence to such an assault, <u>no matter how politically convient it may be to do so</u>.

It was my professional responsibility as a journalist to know when I knew something, and when I did not, as the same is true for professionals in science. To be labelled as deluded severely affected my credibility, my peace of mind, my enjoyment of life, my stature amongst my peers, my income, and even my self-respect.

A friend who was among those who suffered a similar loss of credibility, a psychology professor at Carleton University who, having lost his family and his professional reputation, eventually shot and killed himself. There have been other suicides since.

The question arises - is it more productive to deal with the past or the future? What most people concerned about social issues learn is that the future is what's important - how do we reduce suffering, increase dignity and humanity in the future? It is on the future that I would wish Mr. Anand to write the Health Minister. Perhaps he could make the points in the attached proposed draft of such a letter.

Your continued interest is both needed and appreciated

Sincerely,

Chris Brown
(613) 837 7173
cc Mr. George Thomson, Deputy Minister of Citizenship